STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011151	A. BUILDING: _____ B. WING _____	C 03/31/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STRATFORD RETIREMENT LLC	**2460 GLEBE ST CARMEL, IN 46032**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00170123. This visit was in conjunction with the Recertification and State Licensure Survey. Complaint IN00170123 - Unsubstantiated due to lack of evidence. Survey dates: March 23, 24, 25, 26, 27, 30, & 31, 2015. Facility number: 011151 Provider number: 155794 AIM number: N/A Census bed type: SNF: 14 Residential: 32 Total: 46 Census payor type: Medicare: 8 Other: 38 Total: 46 Residential Sample: 9 Stratford Retirement LLC is found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00170123.	R 000		